



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Professional Emergency Service Association of Irving

Respondent Name

New Hampshire Insurance Company

MFDR Tracking Number

M4-17-0156-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

September 20, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "On November 2, 2015 worker compensation medical services were provided in the form of a pre-operative examination ... EcCare Health Centers states that the amount of \$400.45 is past due and payable..."

Amount in Dispute: \$400.45

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The carrier is in the process of sending additional payment to the provider in the amount of \$328.34."

Response Submitted by: Flahive, Ogden & Latson

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
November 2, 2015	Pre-operative Examination	\$400.45	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. The submitted documentation did not include explanations of benefits for the date of service in question.

Issues

1. What are the services in question?
2. Is the requestor entitled to reimbursement for the services in question?

Findings

1. Professional Emergency Service Association of Irving is seeking reimbursement for a pre-operative examination performed on November 2, 2015. The procedure codes included on the Medical Fee Dispute Resolution Request (DWC060) for this date of service are 99205, 93000, 85730, 85610, 85025, 81000, 80053, 71020, and A4556. These are the services considered in this dispute.
2. Flahive, Ogden & Latson stated in its response on behalf of New Hampshire Insurance Company, dated October 13, 2016, that "The carrier is in the process of sending additional payment to the provider in the amount of \$328.34." On November 29, 2016, the Medical Fee Dispute Resolution Request Department (MFDR) contacted the requestor to confirm if payment for date of service November 2, 2015 had been received. The requestor responded on November 30, 2016, stating that no payment had been posted.

On November 30, 2016, MFDR requested an explanation of benefits or proof of payment from Flahive, Ogden & Latson for the services in question. In response, on February 15, 2017, Gallagher Bassett, acting on behalf of New Hampshire Insurance Company provided a screen shot claiming it was for payment of the services in question. Review of the documentation finds that it presents payment to a different payee for services provided on a different date of service.

28 Texas Administrative Code §133.307(c)(2) requires that a medical fee dispute resolution request include, in relevant part:

- (J) a paper copy of all medical bill(s) **related to the dispute** [emphasis added], as originally submitted to the insurance carrier in accordance with this chapter and a paper copy of all medical bill(s) submitted to the insurance carrier for an appeal in accordance with §133.250 of this chapter ...
- (K) a paper copy of each explanation of benefits (EOB) **related to the dispute** [emphasis added] as originally submitted to the health care provider in accordance with this chapter or, if no EOB was received, convincing documentation providing evidence of insurance carrier receipt of the request for an EOB;

Review of the submitted information finds no documentation to support this dispute for a pre-operative examination performed on November 2, 2015. Therefore, the division concludes the requestor is not eligible for reimbursement of the services in question.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 additional reimbursement for the services in dispute.

Authorized Signature

Signature

Laurie Garnes

Medical Fee Dispute Resolution Officer

May 5, 2017

Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.